

**DISPROPORTIONATE SHARE OBSTETRICAL STATEMENT
RATE YEAR 2006**

COMPLETE EITHER PART I OR PART II

PART I: To be completed only by those hospitals providing non-emergency obstetrical services to the general public.

The following obstetricians have staff privileges at the hospital named below and have agreed to provide non-emergency obstetrical services for Illinois Medicaid beneficiaries:

Physician's Name: _____
(Typed)

Physician's Name: _____
(Typed)

Additional names may be submitted as an attachment to this form.

PART II: To be completed only by those hospitals that do not provide non-emergency obstetrical services to the general public.

Federal law prohibits States from making disproportionate share payment adjustments to hospitals that discontinue providing non-emergency obstetrical services to the general public after December 22, 1987. Hospitals that do not offer non-emergency obstetrical services to the general public must state so below:

_____ has not offered
(Name of Hospital)
non-emergency obstetrical services to the general public since _____.
(Date)

Return the form by July 1, 2005, to:

Illinois Department of Public Aid
Bureau of Rate Development and Analysis
Disproportionate Share Unit
201 South Grand Avenue East, 2nd Floor
Springfield, IL 62763-0001

(Signature)

(Typed Signature)

(Title)

(Typed Hospital Name)

(Typed Address)

(Typed Address)

(Phone Number/FAX Number)

Completion of this form or compliance with instructions is voluntary; however failure to do so may affect this Department's action. Form approved by the Forms Management Center.